

Tyringham Care Limited

Park House

Inspection report

Tyringham
Newport Pagnell
Buckinghamshire
MK16 9ES

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Park house is registered to provide personal care for up to 24 older people, some of whom are living with dementia. At the time of our inspection there were 23 people living in the home. At the last inspection, in April 2015, the service was rated Good. At this inspection we found that the rating for the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff, who were caring and treated people with respect, kindness and courtesy. People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage complaints.

The service had a positive ethos and an open culture. The provider was also the registered manager and was a visible role model in the home. People, their relatives and staff told us that they had confidence in the provider's ability to provide high quality managerial oversight and leadership to the home. Systems were in place to monitor and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Park House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 July 2017 and it was unannounced. The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service such as notifications about events which happened in the service that the provider is required to tell us about by law. We also reviewed information that had been sent to us by other agencies; including Healthwatch. Healthwatch is an independent consumer champion for people who use health and social care services.

During our inspection we spoke with six people who used the service and two of their relatives. We also spoke with the provider, who is also the registered manager and six members of staff; including the care manager, the staff support and training manager and care staff.

We looked at care records relating to three people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, environmental risk assessments, training information for staff and arrangements for managing complaints.

Is the service safe?

Our findings

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff said "We have had training in safeguarding, so we know what to look out for. I would go to [Care Manager] first then [Provider], but if needed I would contact CQC." Safeguarding matters had been reported appropriately, and the provider had notified the Care Quality Commission (CQC) as required by law.

People received care from a dedicated and caring team of staff. Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People told us that staff were available when they needed them and that they didn't have to wait to receive the support they needed. One person said "I think they [staff] do an amazing job." A relative said "The staff are so kind, they never rush people." Our observations supported these views and we saw that staff answered call bells and responded to people's requests for care in a timely way.

People's medicines were safely managed and the medicines management systems in place were understood and followed by staff. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration and people received their medicines when they should.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the home. For example, staff had received training from a local hospice in end of life care and all staff had attended specialist dementia training that focussed on the experience of living with dementia. Staff had regular supervision and appraisal; one staff member said "[Care Manager] works alongside us regularly so they know how we are getting on, I can have supervision as often as I need; support is always available."

People received care and support from staff who understood how to ensure that support provided was in people's best interest. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA2005). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were encouraged to make decisions about their care and their day to day routines and preferences and staff had a good understanding of peoples' rights regarding choice. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested from the local authority.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. Staff had arranged for referrals to the dietician and speech and language therapist when needed and followed their advice to ensure that people's nutritional needs were met. People had regular access to healthcare professionals and staff were vigilant and responsive to changes in people's health.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person said "You couldn't get better care, [Care Manager] is so good, you couldn't better this." Other comments from people included; "The staff treat me very well" and "Everything is lovely here."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation about their past lives. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff were observed speaking to people in a kind manner as they supported them to move around the home, giving gentle, positive encouragement.

People were provided with the support they required to enable them to maintain their independence. For example, one person told us that they had been provided with adapted cutlery to enable them to eat independently.

People were treated with dignity and respect. One member of staff said "It's important to talk to people, don't do anything until you've explained, reassure people and cover them up during personal care to maintain their dignity." Staff responded sensitively if people became anxious and provided them with support in a consistent and dignified manner. We observed staff approach people calmly, giving people time to explain what was worrying them and positioning themselves at a comfortable level for the person they were communicating with.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people living in the home and where appropriate their relatives. The service was in the process of implementing an electronic care planning system, focussed on enhancing the ability of staff to access and record information regarding people's care needs. Staff knew people very well; they understood the person's background and knew what care and support they needed. One person said "They [staff] always do what I ask." Another said "We are all well looked after." One staff member said "It's all about the residents, we spend one to one time with people; it's important to make sure they are involved and to understand that everyone is different."

People were supported to follow their interests and take part in social activities. We saw people and staff talking together, sharing a laugh and a story. The service had two guinea pigs; staff told us that one person found holding the guinea pigs a particular comfort when they were anxious or upset. People could also choose where to spend their time; on the day of the inspection we observed some people taking part in activities in the communal areas of the home, whilst others preferred to spend time in their room.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. People told us they had been provided with information about how to complain; one person said "If anything was wrong I would make it known." Relatives told us that they would raise any concerns with the registered manager. We saw that there was a clear complaints policy in place and records were maintained of all issues raised, detailing the actions taken.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. Staff members were enthusiastic about their roles and committed to providing good care to the people they were supporting. One member of staff said, "People have a choice about everything, things are relaxed and we fit what we do to what people want." The provider had ensured that staff knew how to raise any concerns they had about the service to help drive improvements and staff knew how to use the whistleblowing procedure if they had any concerns about people's welfare.

Staff felt that they were part of the service and were able to contribute to its development. A staff member said, "We are encouraged to have discussions about people's care, we reflect and we are encouraged to question things." There were a number of opportunities available for staff to provide feedback, including regular team meetings and surveys. During team meetings staff had the opportunity to discuss people's care needs, health and safety and feedback on new initiatives. People and their relatives were also encouraged to provide feedback as they were invited to attend regular review meetings and people had one to one meetings with their allocated named member of staff.

People were positive about the provider and felt confident that they would always listen and take account of their views. Staff members felt that there was a supportive, stable management team in place, who were always friendly and approachable; one member of staff said "There is really good leadership, I have confidence in the management and they always deal with any problems or concerns." Quality assurance systems were in place to help drive improvements. These helped to highlight areas where the service was performing well and the areas which required development. This helped the provider ensure that people received quality assured care that met their needs.